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CONFIRMATION NO. 1667

<b>SERIAL NUMBER</b> 10/501,055	<b>FILING OR 371(c) DATE</b> 07/09/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 04-567	
<b>APPLICANTS</b> Jibing Zheng, Haidian District Beijing, CHINA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CN03/00024 01/14/2003 <i>OK</i> <b>** FOREIGN APPLICATIONS *****</b> CHINA 02200567.6 01/15/2002 <i>OK</i> <i>AC</i> 9/14/07 <p style="text-align: center;">** SMALL ENTITY **</p>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>ABC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CHINA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20306					
<b>TITLE</b> Spatial field effect physical therapy device					
<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		